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Patent
Attorney's Docket No. 032751-053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of)
Serge BRAUN) Group Art Unit: 1633
Application No.: 09/788,552) Examiner: Beena Puri
Filed: February 21, 2001)
For: TREATMENT OF IMMUNE DISEASES)

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an amendment and reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.

☒ Also enclosed is

1. An article by Trevor Owens, *Multiple Sclerosis: The Immunology of Multiple Sclerosis and Its Animal Model Experimental Allergic Encephalomyelitis*, NEUROLOGIC CLINICS 13(1): 51-73 (1995);

2. A copy of an abstract for Ruffini et al., *Fibroblast growth factor-II gene therapy reverts the clinical course and the pathological signs of chronic experimental autoimmune encephalomyelitis in C57BL/6 mice*, GENE THERAPY 8(16):1207-13 (2001);

3. Patent No. 5,707,969 (Nabel et al.); and

4. Patent No. 5,580,859 (Felgner et al.).

☐ Small entity status is hereby claimed.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).

- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

- ☐ A claim fee in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 02-4800.

Amendment/Reply Transmittal Letter

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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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